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NAME: RINEHART SS ASSOCIATES LLC

TYPE OF FILING: WITHDRAWAL

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COVER LETTER

	gistration			
Div		Corporations		
SUBJECT:	Rinehar	t SS Associates, LLC		
		(Name of F	oreign Limited Liabilit	y Company)
Dear Sir or N	Madam:			
The enclosed	i withdra	wal and fee(s) are submit	ted for filing.	
Please return	all corre	spondence concerning th	is matter to the followi	ng:
Kristen M. F	roese			
		(Name of Person)		_
Katten Much	nin Roser	ıman LLP		
		(Firm Company)		_
525 West Mo	onroe Str	æt		
		(Address)		
Chicago, IL	60661-36	93		
		(City/State and Zip Co	de)	_
For further in	formation	n concerning this matter.	please call:	
Kristen M. F	roese		312 at (902-5456
	(Nun	oc of Person)		& Daytime Telephone Number)
Reg Divi P.O	ision of Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check fo	r the following amount	:	
□\$25 Filing	Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rinehart SS Associates, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
March 29, 2018
(Date registered with Florida Department of State)
A18000003037
(Florida Document Number)
If an effective Date, if other than the date of filing: May 20, 2022 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Interest of the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as the document's effective date on the Department of State's records. (Signature of authorized representative)
Renee L. Kenyon
(Typed or printed name of signee)

Filing Fee: \$25.00